

Wireless E-911 PSAP Funding FY 2003 Request/Report Worksheet

Virginia Information
Technologies Agency

SEP 02 2003

PSAP: Charles City County

Total Request : \$ 70,284.00

Date: August 29, 2003

Total Actual: ~~\$83,992.22~~ ^{83,757.09}

Difference: ^{13,473.09} ~~\$13,708.22~~ payment to County

Call load data:

Description	Last 12 months	Estimated	Actual
Total telephone calls handled by PSAP			35,419
Total 911 calls handled by PSAP			3,668
Total wireless 911 calls handled by PSAP			989

Equipment Dedicated to Wireless E-911:

2.79%

Description	Estimated Cost	Actual Cost
Magic Call Mgmt system, TIU cards for wireless		\$ 43,916.00
Total Equipment Dedicated to Wireless E-911		\$43,916.00

Shared Equipment:

Description	Estimated Cost	Actual Cost
Logging Recorder		\$26,121.45
Logging Recorder Maintenance Contract		\$2,256.50
CPE Maintenance		\$29,628.00
Total Shared Equipment for Formula below		\$58,005.95

55,749.45

Formula

$$\frac{\text{number of wireless 911 calls}}{\text{total number of calls handled by equipment}} \times \text{equipment cost} = \text{amount of funding}$$

Estimated

Actual

 X =

~~55,749.45~~
~~\$58,005.95~~

X 10.42%

~~5809.09~~
~~= \$6,044.22~~

Local Exchange Carrier (LEC) Costs:

Description	Estimated Cost	Actual Cost
Wireless Trunks		\$ 4,032.00
Total LEC Costs		

Not Allowed

PSAP: Charles City County_____

Personnel Costs:

Description	Estimated Cost	Actual Cost
Salaries and Benefits		\$33,445.92 ✓
Training		\$2,775.96 ✓
Total Personnel Costs for Formula below		\$36,221.88

Formula

$$\frac{\text{number of wireless 911 calls}}{\text{total number of telephone calls}} \times \text{personnel cost of call takers and dispatcher} = \text{amount of funding}$$

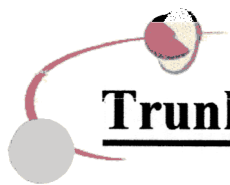
Estimated

Actual

$$\text{_____} \times \text{_____} = \text{_____}$$

$$\$36,221.88 \times 10.42\% = \$3,774.32$$

USE \$30,000.00 MINIMUM



Trunk & Line Utilization

From: 07/26/2002 00:00:00

To: 07/31/2003 23:59:59

Wireline 911

Trunk Name: 911-8293

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
40	28	26	22	13	18	26	32	31	56	54	57
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
47	75	65	71	64	63	95	80	73	72	67	56

Trunk Name: 911-8294

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
24	22	21	13	14	10	18	27	31	35	42	47
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
38	37	50	52	43	57	53	65	56	48	37	45

Trunk Name: 911-8297

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
1	0	0	0	0	0	0	0	2	0	1	5
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
2	3	1	0	2	2	1	1	1	0	1	4

Trunk Name: 911-8298

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
1	0	1	0	0	0	1	1	2	1	1	4
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
2	3	3	0	1	1	1	0	0	3	2	1

Group Summary

Inbound Count

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
66	50	48	35	27	28	45	60	66	92	98	113
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
89	118	119	123	110	123	150	146	130	123	107	106

Abandoned Count

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
11	5	6	4	3	1	7	5	4	9	10	15
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
12	17	15	12	11	16	19	21	27	22	15	17



Trunk & Line Utilization

From: 07/26/2002 00:00:00

To: 07/31/2003 23:59:59

Wireless 911

Trunk Name: 911-8290

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
7	3	4	4	6	0	3	9	5	4	6	6
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
13	12	18	21	10	11	7	8	11	15	4	3

Trunk Name: 911-8291

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
5	1	5	3	4	3	6	8	6	9	5	15
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
6	11	8	16	9	8	9	6	6	11	7	5

Trunk Name: 911-8295

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
5	3	3	5	3	3	3	9	12	17	14	11
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
18	14	10	20	26	13	9	14	4	14	3	6

Trunk Name: 911-8296

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
4	2	6	2	2	3	4	9	10	13	5	14
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
24	10	13	18	17	12	17	11	5	12	9	9

Group Summary

Inbound Count

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
21	9	18	14	15	9	16	35	33	43	30	46
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
61	47	49	75	62	44	42	39	26	52	23	23

Abandoned Count

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
2	2	1	2	3	0	4	4	3	2	4	3
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
4	3	3	5	6	4	4	3	2	8	3	0



Trunk & Line Utilization

From: 07/26/2002 00:00:00

To: 07/31/2003 23:59:59

Admin Lines

Trunk Name: 804 829-9231

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
135	96	48	30	28	29	25	78	92	122	167	156
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
164	186	201	243	229	255	239	271	183	201	191	147

Trunk Name: 804 829-9265

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
379	286	254	171	156	324	408	597	1182	1497	1466	1525
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
1443	1426	1498	1489	1496	1163	1271	1030	1131	864	676	473

Trunk Name: 804 829-9266

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
46	24	22	17	16	16	23	69	150	208	253	264
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
210	224	266	243	271	170	184	151	142	141	96	50

Group Summary

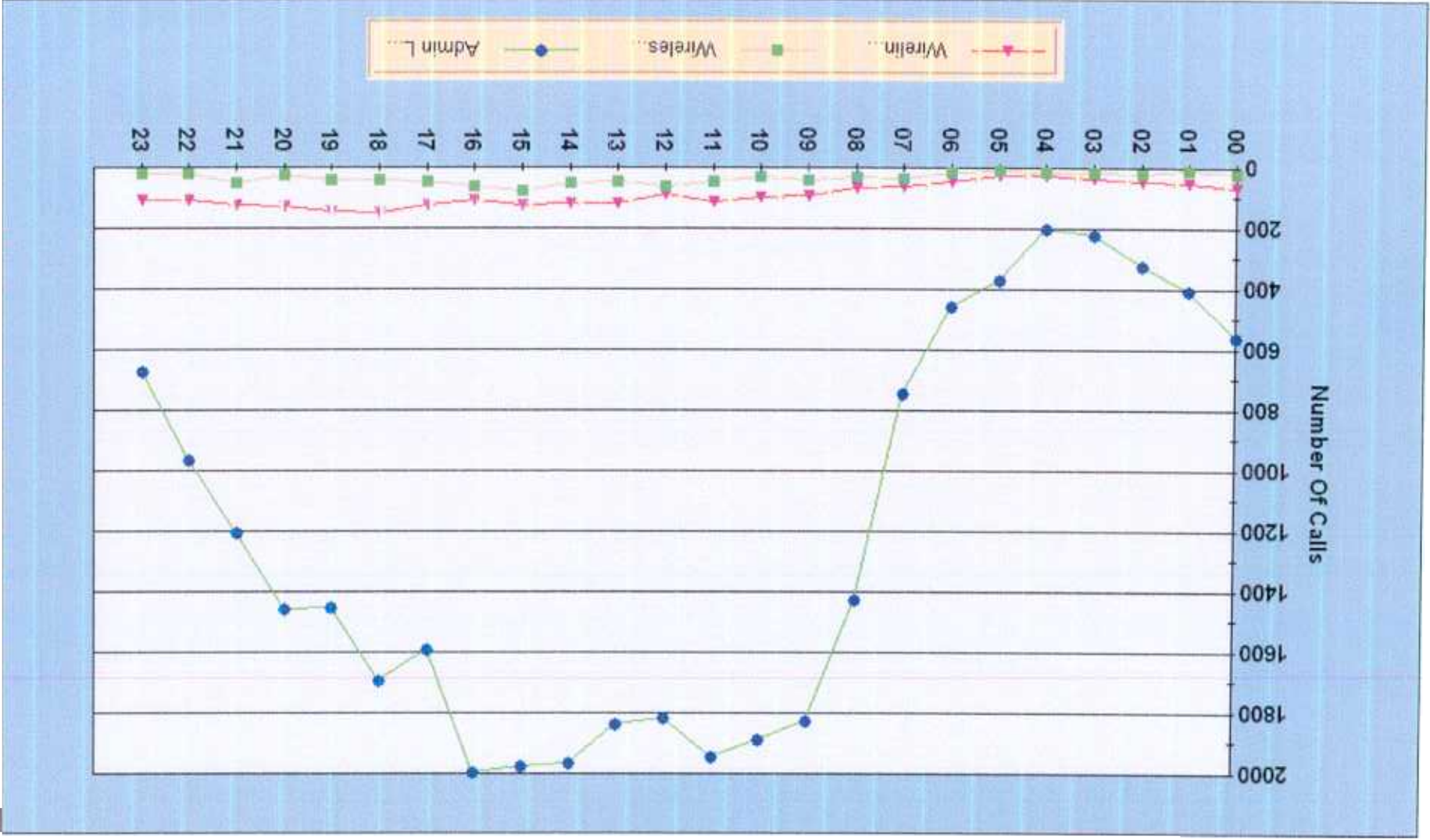
Inbound Count

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
560	406	324	218	200	369	456	744	1424	1827	1886	1945
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
1817	1836	1965	1975	1996	1588	1694	1452	1456	1206	963	670

Abandoned Count

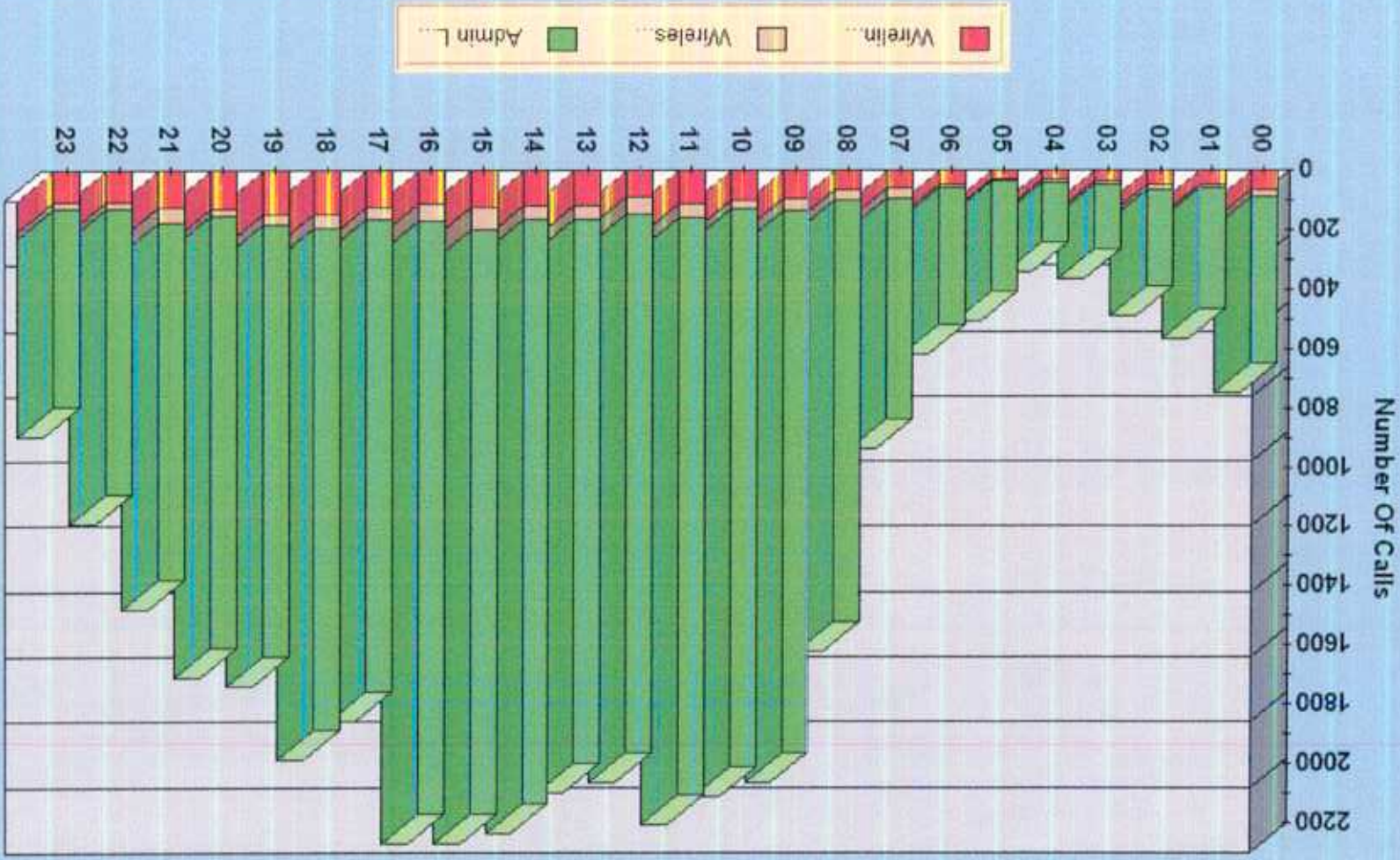
00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
3	1	2	3	2	2	2	5	3	6	10	8
12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
7	6	11	11	10	3	5	10	6	4	7	1

From: 07/26/2002 00:00:00
To: 07/31/2003 23:59:59



Trunk & Line Utilization

From: 07/26/2002 00:00:00
To: 07/31/2003 23:59:59



Italia

Magic



Acct 023 785 4017 777 91

Feb 1 2003

\$ 336.00 Monthly Service Feb 01-Feb 28

SO:5134104

One time charge(s) from Jan 25

43916.00

ONE TIME CHARGE FOR INSTALLATION OF E911

EQUIPMENT - 4 TIU'S & MAGIC 2.6.60 MONT

H SVC PERIOD

\$43916.00 Subtotal Verizon Charges

\$44252.00 Total Verizon

Billing Questions 1 800 607-6575

PURCHASE ORDER

AGE- 1

CHARLES CITY COUNTY
P. O. BOX 128
10900 COURTHOUSE RD
CHARLES CITY, VA 23030
PHONE # 008-048-2924
FAX # 018-048-2958

** PURCHASE **
** ORDER NUMBER **
** 14004 **

DATE- 20/03/0108

ENDOR- DICTAPHONE CORP.
P.O. BOX 85120

001322

SHIP TO- CHARLES CITY CO SHERIFF'S
OFFICE

LOUISVILLE, KY

P.O. BOX 87

CHARLES CITY, VA

23030-0000

40285-5120

ORDER DATE- 20/03/0108 SHIP VIA- Deliver

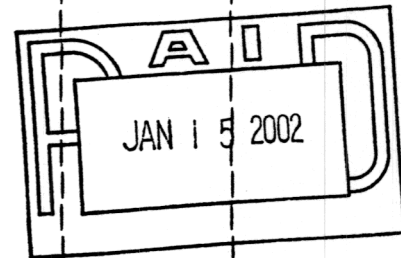
REQUESTED SHIP DATE-20/03/0108 CONTACT-

ITEM NO.	STOCK#	QUANTITY	UNIT ISSUE	DESCRIPTION G/L NUMBER	UNIT COST	EXTENDED COST
1		1		E-911 Equipment 001-4-621-043200-8001-0 -	22,495.450	22,495.45
2		1		001-4-621-043300-8001-0 -	3,626.000	3,626.00
3		1		Maintenance Agreement 001-4-621-043200-3320-5 -	2,256.500	2,256.50

ALLOWED FOR PAYMENT

JAN 10 2003

CHAIRMAN
BOARD OF SUPERVISORS
CHARLES CITY COUNTY, VA



TOTAL COST \$28,377.95

VENDOR MUST COMPLETE AND RETURN BILLING VOUCHER BEFORE RECEIVING PAYMENT

Approved:

Department Head

Authorized:

By Jaqueline M. Wallace
Purchasing Agent

NOTICE TO VENDORS

This purchase order number shall be shown by vendor on all related invoices, delivery memoranda, bills of lading, packages and/or correspondence.

All payments must be prepaid, FOB destination.

Please make deliveries between 8:30 a.m. and 4:00 p.m. on schools days.

Equipment, materials and/or supplies delivered on this order shall be subject to inspection and test upon receipt and if rejected shall remain the property of the vendor, who is responsible for removal.

Purchaser is a government sub-division and is tax exempt from State and local sales tax.

Exemption certificates will be furnished upon request.

We reserve the right to cancel this order and reject goods if not delivered when required and in accordance with specifications.

DATE 1/08/2003 PO# 14004 INVOICE# SL520140420 DESCRIPTION USC085127

1/15/2003 137610
DISCOUNT .00 NET AMOUNT 28377.9

ORDER#/NAME: 1322/DICTAPHONE CORP. 28377.95 .00 28377.9



COUNTY OF CHARLES CITY

P.O. BOX 98
CHARLES CITY, VIRGINIA 23030

F & M BANK - ATLANTIC
CHARLES CITY, VA
68-535/514

137610

VOID AFTER 90 DAYS

DATE

AMOUNT

1/15/2003

\$*****28,377.9

TWENTY EIGHT THOUSAND THREE HUNDRED SEVENTY SEVEN DOLLARS AND NO CENTS

BY ORDER OF THE BOARD OF SUPERVISORS

PAY
TO THE
ORDER
OF

DICTAPHONE CORP.
P.O. BOX 85120
LOUISVILLE, KY 40283-5120

NON-NEGOTIABLE

CHAIRMAN

ADMINISTRATOR

TREASURER

⑈ 137610⑈ ⑆051405353⑆ 1250018⑈

NOTE: TO INSURE PROPER PROCESSING OF YOUR PAYMENT
PLEASE RETURN REMITTANCE STUB TO:

Dictaphone

P.O. Box 856120
Louisville, KY 40285-6120

BOARD OF SUPERVISORS
CHARLES CITY COUNTY
PO BOX 128
CHARLES CITY VA 23030-0128
UNITED STATES

Invoice Date 11/19/2002	Terms of Payment In Full Upon Receipt	Invoice Number SLS20140420
----------------------------	--	-------------------------------

Our Order Number and Date

1

UCR014872 10/31/2002

Ship To

SHERIFF DEPARTMENT
CHARLES CITY COUNTY
10600 COURTHOUSE ROAD
CHARLES CITY VA 23030-3410
UNITED STATES



Customer PO No. 1500	Location CR3180	Emp. No. 008330	Customer No. USC085129	Customer Reference SERENA THOMPSON		
Quantity	Description	Model/Part No.	Serial Number	Price	Total	
2	ACTELCOM BLOCK/REC-RS485	01GA000	243020 243024	6,995.00	\$13,990.00	
5	COMPRESSION	0428133		1,695.00	\$8,475.00	
5	ANALOG COUPLER BOARD	0428357		1,495.00	\$7,475.00	
1	MONITOR, 17" S720, CARBON/SL	0428817		315.00	\$315.00	
1	SOFTWARE, FREEDOM PACK	0FREPAK		3,108.00	\$3,108.00	
1	W/S, WINDOWS 2000, 2 DVD FR	00FWS20-02D	242444	3,300.00	\$3,300.00	
1	DVD-RAM MEDIA (9.4G) 10 PA	0428034		350.00	\$350.00	
1	HUB, 5 PORT 3COM	0428742		110.00	\$110.00	
1	CD FREEDOM TRAINING	0CRSTCD		495.00	\$495.00	
1	ROUNDUP VARIABLE PROMO DIS	02PROMO-035			-\$13,604.25	
1	MAINTENANCE AGREEMENT 8 X	APP 8X5		1,504.00	\$1,504.00	
1	Software Maintenance Agree	SMA		752.50	\$752.50	
1	MAINTENANCE AGREEMENT 24 X	APP 24 X 7		752.50	\$752.50	
1	Installation	INSTALLATION		842.00	\$1,842.00	
	Sub Total				\$28,864.75	
	Discount				-\$736.80	
	Shipping				\$250.00	

RECEIVED

NOV 27 2002

MANAGEMENT SERVICES

FEDERAL EMPLOYER IDENTIFICATION NUMBER 04-3506655

"WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDER OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF."

Total Amount Due \$28,377.95

Due On 11/19/2002 \$28,377.95

To Insure Proper Credit, Please Return Remittance Stub With Your Check

DETACH ▼ ▼ ▼ HERE

EMERGENCY REPORTING SERVICES
STATEMENT OF TARIFF APPLICATION - E911 SERVICE FEATURES
CHARLES CITY COUNTY, VA ANNUAL REPORT 2003
EXHIBIT A - PRICING FORECAST

Rates below are regulated charges contained in the tariffs of Verizon South Inc. and are subject to changes approved by the Virginia Public Service Commission.

MAIN ACCT/BILL #	SUMMARY ACCT/BILL #	SUBORDINATE #	CIRCUIT ID	Z LOC	DESCRIPTION	UNIT RATE	QTY	SUBTOTAL	TOTAL MRC
16525884 023/785-4017	NOT ON SUMMARY	N/A	804/911-8293 (WIRELINE)	10600 COURTHOUSE RD	COMB. ANI, ALI & SR PER 1000 ACCESS	\$113.00	4	\$452.00	
			804/911-8294 (WIRELINE)	10600 COURTHOUSE RD	LISTED SERVICE	\$1.13	5	\$5.65	
			804/911-8297 (WIRELINE)	10600 COURTHOUSE RD				\$457.65	\$457.65
			804/911-8298 (WIRELINE)	10600 COURTHOUSE RD					
16525884 023/785-4017	NOT ON SUMMARY	N/A	N/A	N/A	911 PLANT EQUIP, 84 MONTH CONTRACT	\$2,469.00	1	\$2,469.00	
								\$3,384.30	\$3,384.30
151867126 023/785-4017	NOT ON SUMMARY	N/A	804/911-8290 (WIRELESS)	10600 COURTHOUSE RD	ADDITIONAL E911 LINE TO PSAP	\$84.00		\$84.00	
			804/911-8291 (WIRELESS)	10600 COURTHOUSE RD	ADDITIONAL E911 LINE TO PSAP	\$84.00		\$84.00	
			804/944-8295 (WIRELESS)	10600 COURTHOUSE RD	ADDITIONAL E911 LINE TO PSAP	\$84.00		\$84.00	
			804/911-8296 (WIRELESS)	10600 COURTHOUSE RD	ADDITIONAL E911 LINE TO PSAP	\$84.00		\$84.00	
								\$336.00	\$336.00
									\$336.00
									\$4,177.95

CPE Maint
2469
x 12 mo
29,628

Trunk
base

September 13, 2002

Mr. N. Jerry Simonoff, Chairman
Virginia Wireless E-911 Services Board
Richmond Plaza Building, Suite 135
110 South Seventh Street
Richmond, VA 23219-3931

Dear Mr. Simonoff:

Attached is Charles City County's FY02 Report Worksheet (True Up) and necessary documentation for expenditures.

We were unable to deploy wireless E-911 in July 2002 as anticipated. The wireless trunks, Trunk Interface Unit (TIU) cards, and Magic call reporting system were not installed until the first part of August 2002. This delay installation was due to Verizon being unable to deliver the equipment to us until after July 1, 2002. We are now targeting November 2002 for deployment. Charles City County requests that funding for these items, in the amount of **\$36,638.00** be carried forward to FY03 in addition to the previously approved amount, as invoicing for these items is expected in the next few weeks.

The data for call totals was obtained from a manual count of the calls received and information provided by the Virginia State Police for wireless 911 calls transferred to the Charles City County PSAP. The expended amount for salaries is for the months of January 1, 2002 to June 30, 2002.

Thank you for the assistance and support provided by the Wireless Board and the office staff. Should you require additional information or have any questions, please do not hesitate to contact me at 804-829-9265.

Sincerely,

Serena Thompson
Charles City County Sheriff's Department

Enclosures

*GL

CHARLES CITY COUNTY
EXPENDITURE SUMMARY

PAGE

WIRELESS E911

7/01/2002 - 6/30/2003

DESCRIPTION	BUDGET AMOUNT	CURR MNTH APPROPR.	APPR. YTD AMOUNT	CURRENT EXPEN	Y-T-D EXPEN	ENCUMBRANCE AMOUNT	UNENCUMBERED BALANCE	%
WIRELESS E911								
Salaries-Regular	15,900.00	500.00-	15,900.00	10,000.00	21,380.48	.00	5,480.48-	34.46-
Salaries-Overtime	4,415.00	500.00	4,415.00	.00	4,034.10	.00	380.90	8.62
Salaries - Part-time	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	100.00
Fica	1,493.00	.00	1,493.00	.00	881.39	.00	611.61	40.96
Retirement	506.00	.00	506.00	.00	96.43	.00	409.57	80.94
Hospitalization(Health Insuran	2,044.00	1,400.00-	2,044.00	.00	.00	.00	2,044.00	100.00
Workmans Comp.	30.00	.00	30.00	.00	.00	.00	30.00	100.00
Travel(continued)	4,510.00	1,400.00	4,510.00	1,113.21	3,349.77	.00	1,160.23	25.72
Equipment Cost	3,728.00	.00	3,728.00	.00	3,703.75	.00	24.25	.65
WIRELESS E911	33,626.00	.00	33,626.00	11,113.21	33,445.92	.00	180.08	.53
WIRELESS E911	33,626.00	.00	33,626.00	11,113.21	33,445.92	.00	180.08	.53
WIRELESS E911	33,626.00	.00	33,626.00	11,113.21	33,445.92	.00	180.08	.53
---FUND TOTAL---	33,626.00	.00	33,626.00	11,113.21	33,445.92	.00	180.08	.53

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION: PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ <u>452</u> MILES		
OTHER (RECEIPT REQUIRED)	\$	\$
PARKING FEES (RECEIPT REQUIRED)	\$	\$
REGISTRATION FEES (INCLUDING MEAL)	\$	\$ <u>25.00</u>
LODGING <u>2</u> DAYS (RECEIPT REQUIRED)		\$ <u>140.16</u>
MEALS <u>2</u> BREAKFAST		
3 LUNCH		
3 DINNER	TOTAL MEALS \$	\$ <u>93.55</u>

MISCELLANEOUS (EXPLANATION REQUIRED)


CHARGE ACCOUNT _____

\$	\$
TOTAL (CHARGE & CASH)	\$ <u>258.71</u>
LESS: CASH ADVANCE	\$ <u>290.16</u>
TOTAL CLAIMED OR RETURNABLE	\$ <u>31.45</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES AS STATED ABOVE ARE CORRECT AND LEGITIMATE FOR INCURRED IN ACCORDANCE WITH EXISTING POLICY.

APPROVED:


SIGNATURE OF TRAVELER

COUNTY ADMINISTRATOR

DATE

10/4/02
DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION: PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ _____ MILES		
OTHER (RECEIPT REQUIRED)	\$	\$
PARKING FEES (RECEIPT REQUIRED)	\$	\$
REGISTRATION FEES (INCLUDING MEAL)	\$	\$ <u>25.00</u>
LODGING _____ DAYS (RECEIPT REQUIRED)		\$
MEALS <u>2</u> BREAKFAST		
<u>3</u> LUNCH		
<u>3</u> DINNER	TOTAL MEALS \$	\$ <u>100.56</u>
MISCELLANEOUS (EXPLANATION REQUIRED)		
_____	\$	\$

CHARGE ACCOUNT _____	TOTAL (CHARGE & CASH)	\$ <u>125.56</u>
	LESS: CASH ADVANCE	\$ <u>150.00</u>
	TOTAL CLAIMED OR RETURNABLE	\$ <u>24.44</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES
AS STATED ABOVE ARE CORRECT AND
LEGITIMATE FOR INCURRED IN
ACCORDANCE WITH EXISTING POLICY.

APPROVED:

Thalia Bell
SIGNATURE OF TRAVELER

COUNTY ADMINISTRATOR

DATE

10-17-02
DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE

(THIS SECTION TO BE COMPLETED AND SIGNED WITHIN 3 DAYS OF RETURN)

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION	PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ _____ MILES			
OTHER (RECEIPT REQUIRED)		\$	\$
PARKING FEES (RECEIPT REQUIRED)		\$	\$
REGISTRATION FEES (INCLUDING MEAL)		\$	\$ <u>25.00</u>
LODGING _____ DAYS (RECEIPT REQUIRED)			\$
MEALS _____ BREAKFAST			
LUNCH			
DINNER		TOTAL MEALS \$	\$ <u>94.55</u>
MISCELLANEOUS (EXPLANATION REQUIRED)			

_____		\$	\$
CHARGE ACCOUNT _____		TOTAL (CHARGE & CASH)	\$ <u>119.55</u>
		LESS: CASH ADVANCE	\$ <u>150.00</u>
		TOTAL CLAIMED OR RETURNABLE	\$ <u>30.45</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES AS STATED ABOVE ARE CORRECT AND LEGITIMATE FOR INCURRED IN ACCORDANCE WITH EXISTING POLICY.

Matthew Jones
SIGNATURE OF TRAVELER
10-7-02
DATE

APPROVED:

COUNTY ADMINISTRATOR DATE

CHAIRMAN, BOARD OF SUPERVISORS DATE

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

	PREPAID, BILLED OR CHARGED	CASH
TRANSPORTATION: <input checked="" type="checkbox"/> PRIVATE AUTO		
434 MILES @ .365 MILES		
OTHER (RECEIPT REQUIRED)	\$	\$ 160.24
PARKING FEES (RECEIPT REQUIRED)	\$	\$
REGISTRATION FEES (INCLUDING MEAL)	\$	\$
LODGING 3 DAYS (RECEIPT REQUIRED)		\$ 258.87
MEALS BREAKFAST		
LUNCH		
DINNER	TOTAL MEALS \$	\$ 73.27
MISCELLANEOUS (EXPLANATION REQUIRED)		
	\$	\$
CHARGE ACCOUNT	TOTAL (CHARGE & CASH)	\$ 492.08
	LESS: CASH ADVANCE	\$ 391.33
	TOTAL CLAIMED OR RETURNABLE	\$ 100.75

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES AS STATED ABOVE ARE CORRECT AND LEGITIMATE FOR INCURRED IN ACCORDANCE WITH EXISTING POLICY.

Sharia Bell
SIGNATURE OF TRAVELER

DATE

4.621.4330.5540
E 911 Wireless - Travel

APPROVED:

COUNTY ADMINISTRATOR

DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION: PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ ____ MILES		
OTHER (RECEIPT REQUIRED)	\$ _____	\$ _____
PARKING FEES (RECEIPT REQUIRED)	\$ _____	\$ _____
REGISTRATION FEES (INCLUDING MEAL)	\$ _____	\$ <u>25.00</u>
LODGING <u>2</u> DAYS (RECEIPT REQUIRED)		\$ <u>361.86</u>
MEALS _____ BREAKFAST		
LUNCH		
DINNER	TOTAL MEALS \$ _____	\$ <u>49.33</u>
MISCELLANEOUS (EXPLANATION REQUIRED)		
<u>90¢ for money order</u>	\$ _____	\$ <u>.90</u>
CHARGE ACCOUNT _____	TOTAL (CHARGE & CASH)	\$ <u>437.09</u>
	LESS: CASH ADVANCE	\$ <u>491.86</u>
	TOTAL CLAIMED OR RETURNABLE	\$ <u>54.77</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES AS STATED ABOVE ARE CORRECT AND LEGITIMATE FOR INCURRED IN ACCORDANCE WITH EXISTING POLICY.

APPROVED:

Phelia Bell
SIGNATURE OF TRAVELER

COUNTY ADMINISTRATOR

DATE

DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE


PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION	PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ ____ MILES			
OTHER (RECEIPT REQUIRED)		\$	\$
PARKING FEES (RECEIPT REQUIRED)		\$ _____	\$
REGISTRATION FEES (INCLUDING MEAL)		\$	\$ <u>25.00</u>
LODGING _____ DAYS (RECEIPT REQUIRED)			\$
MEALS _____ BREAKFAST			
LUNCH			
DINNER		TOTAL MEALS \$	\$ <u>52.87</u>
MISCELLANEOUS (EXPLANATION REQUIRED)			
_____		\$	\$
_____		\$	\$
CHARGE ACCOUNT _____		TOTAL (CHARGE & CASH)	\$ <u>77.87</u>
		LESS: CASH ADVANCE	\$ <u>130.00</u>
		TOTAL CLAIMED OR RETURNABLE	\$ <u>52.13</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES
AS STATED ABOVE ARE CORRECT AND
LEGITIMATE FOR INCURRED IN
ACCORDANCE WITH EXISTING POLICY.



SIGNATURE OF TRAVELER

DATE

APPROVED:

_____ COUNTY ADMINISTRATOR	_____ DATE
_____ CHAIRMAN, BOARD OF SUPERVISORS	_____ DATE

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION	PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ _____ MILES			
OTHER (RECEIPT REQUIRED)		\$	\$
PARKING FEES (RECEIPT REQUIRED)		\$	\$
REGISTRATION FEES (INCLUDING MEAL)		\$	\$ <u>25.00</u>
LODGING <u>2</u> DAYS (RECEIPT REQUIRED)			\$ <u>316.86</u>
MEALS _____ BREAKFAST			
LUNCH			
DINNER		TOTAL MEALS \$	\$ <u>43.08</u>
MISCELLANEOUS (EXPLANATION REQUIRED)			
<u>Money Order sent to</u>			
<u>Hotel for Room. MO. Fee</u>		\$	\$ <u>.98</u>
CHARGE ACCOUNT _____		TOTAL (CHARGE & CASH)	\$ <u>385.84</u>
		LESS: CASH ADVANCE	\$ <u>446.86</u>
		TOTAL CLAIMED OR RETURNABLE	\$ <u>61.02</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES
AS STATED ABOVE ARE CORRECT AND
LEGITIMATE FOR INCURRED IN
ACCORDANCE WITH EXISTING POLICY.

Royal J. Washington Jr.
SIGNATURE OF TRAVELER

5-9-03

DATE

APPROVED:

COUNTY ADMINISTRATOR

DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE

PART II

RECONCILIATION OF EXPENSES (ACTUAL)

TRANSPORTATION: PRIVATE AUTO	PREPAID, BILLED OR CHARGED	CASH
MILES @ _____ MILES		
OTHER (RECEIPT REQUIRED)	\$	\$
PARKING FEES (RECEIPT REQUIRED)	\$	\$
REGISTRATION FEES (INCLUDING MEAL)	\$	\$ <u>25.00</u>
LODGING <u>2</u> DAYS (RECEIPT REQUIRED)		\$ <u>140.16</u>
MEALS <u>2</u> BREAKFAST		
<u>3</u> LUNCH		
<u>3</u> DINNER	TOTAL MEALS \$	\$ <u>65.88</u>

MISCELLANEOUS (EXPLANATION REQUIRED)

_____	\$	\$
CHARGE ACCOUNT _____	TOTAL (CHARGE & CASH)	\$ <u>231.04</u>
	LESS: CASH ADVANCE	\$ <u>290.16</u>
	TOTAL CLAIMED OR RETURNABLE	\$ <u>59.12</u>

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT ALL EXPENSES AS STATED ABOVE ARE CORRECT AND LEGITIMATE FOR INCURRED IN ACCORDANCE WITH EXISTING POLICY.

Royal S. Washington, Jr.
SIGNATURE OF TRAVELER

10-07-02
DATE

APPROVED:

COUNTY ADMINISTRATOR

DATE

CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHARLES CITY COUNTY
P. O. BOX 128
10900 COURTHOUSE RD
CHARLES CITY ,VA 23030
PHONE # 008-048-2924
FAX # 018-048-2958

Hand delivered on
7/28/03 @
to: 01430

PURCHASE
ORDER NUMBER
14912

DATE- 20/03/0723

VENDOR APCO .1202
351 N. WILLIAMSON BLVD
DAYTONA BEACH, FL

SHIP TO- CHARLES CITY CO SHERIFF'S
OFFICE
P.O. BOX 87
CHARLES CITY, VA 23030-0000

ORDER DATE- 20/03/0723 SHIP VIA-

REQUESTED SHIP DATE-20/03/0723 CONTACT-

ITEM NO.	STOCK#	QUANTITY	UNIT	DESCRIPTION	UNIT COST	EXTENDED COST
1		1		CTO COURSE	309.000	309.00
				001-4-621-043300-5540- - -		CTO COURSE

TOTAL COST \$309.00

VENDOR MUST COMPLETE AND RETURN BILLING VOUCHER BEFORE RECEIVING PAYMENT

Approved:

B.A. Washington Jr.
Department Head

Authorized:

Thalia Bell
Purchasing Agent

NOTICE TO VENDORS

1. This purchase order number shall be shown by vendor on all related invoices, delivery memoranda, bills of lading, packages and/or correspondence.
2. All shipments must be prepaid, FOB destination.
3. Please make deliveries between 8:30 a.m. and 4:00 p.m. on schools days.
4. All materials, materials and/or supplies delivered on this order shall be subject to inspection and test upon receipt and rejected shall remain the property of the vendor, who is responsible for removal.
5. Purchaser is a government sub-division and is tax exempt from State and local sales tax. Exemption certificates will be furnished upon request.
6. We reserve the right to cancel this order and reject goods if not delivered when required and in accordance with specifications.

INVOICES TO BE SENT TO ADDRESSEE IN "BILL TO " SECTION OF THIS FORM.

CHARLES CITY COUNTY
P. O. BOX 128
10900 COURTHOUSE RD
CHARLES CITY ,VA 23030
PHONE * 009-048-2924
FAX * 019-048-2958

```
*****
**      PURCHASE
**      ORDER NUMBER
**      14646
*****
DATE- 20/03/0604
```

011202

SHIP TO- CHARLES CITY CO SHERIFF'S
OFFICE

P.O. BOX 97

CHARLES CITY, VA

23030-0000

00000-0000

ORDER DATE- 20/03/0604 SHIP VIA-

REQUESTED SHIP DATE-20/03/0604 CONTACT-

ITEM	STOCK#	QUANTITY	UNIT	DESCRIPTION	UNIT	EXTENDED
NO.			ISSUE	G/L NUMBER	COST	COST
				ONLINE CLASS	309.000	309.00
				001-4-621-043300-5540-		ONLINE CLASS

TOTAL COST

\$309.00

VENDOR MUST COMPLETE AND RETURN BILLING VOUCHER BEFORE RECEIVING PAYMENT

Approved:

13 A. Washington Sr
Department Head

Department Head

Authorized:

Purchasing Agent:

NOTICE TO VENDORS

1. This purchase order number shall be shown by vendor on all related invoices, delivery memoranda, bills of lading, packages and/or correspondence.
2. All shipments must be prepaid, FOB destination.
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6. We reserve the right to cancel this order and reject goods if not delivered when required and in accordance with specifications.

INVOICES TO BE SENT TO ADDRESSEE IN "BILL TO " SECTION OF THIS FORM.

Student Registration Form

PLEASE PRINT CLEARLY, WITH BLACK or BLUE INK

STUDENT INFORMATION

Thalia First Name S. Middle Initial Bell Last Name (exactly as you want it to appear on your certificate)

Charles City County Sheriff's Office Agency Name

P. O. Box 87 Agency Mailing Address

Charles City State Virginia Zip+4 23030

tsbell@co.charles-city.va.us Email address (Required for Web Classes) Would you like to be added to the Institute Listserv? ☒ Yes ☐ No

(804) 829-9265 Agency Phone Number (804) 829-2514 Agency Fax Number

Are you a member of APCO? ☐ Yes ☒ No If yes, your membership number is: (Membership will be verified in order to receive tuition discount.)

CLASS INFORMATION

Communication Training Officer Class Name (full name, please) 17014 Class Number

Location (City and State) June 18, 2003 Class Starting Date (Month and Day)

\$309.00 Class Tuition Price NOTE: The Virtual Institute provide access to APCO courses at a place and time convenient to you through technology. Students who enroll in Virtual Institute classes will be assessed a \$50 Distance Learning fee.

How did you learn about this course? ☐ Direct Mailing ☐ Fax ☐ E-mail ☒ Web Site ☐ Magazine-Bulletin ☐ Other

METHOD OF PAYMENT (US FUNDS ONLY)

☐ Check enclosed # ☐ Purchase order # 146460 COPY REQUIRED ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Card # Exp. Date

Card Holders Name:

Card Holders Address:

Signature:

Mail to: APCO Class Registration
351 N. Williamson Blvd.
Daytona Beach, FL 32114
OR
Fax to: 386-322-9766

Register now!



COMMONWEALTH OF VIRGINIA
COUNTY of CHARLES CITY

OFFICE OF THE SHERIFF

B. A. WASHINGTON, SR.
SHERIFF

10600 Courthouse Road
P. O. Box 87
Charles City, Virginia 23030
OFFICE: (804)829-9265 FAX: (804)829-2514



June 10, 2003

Ms. Rita Cotman
Payroll Clerk
P.O. Box 128
Charles City, VA 23030



JUN 10 2003

Dear Ms. Cotman

The Sheriff's Office is requesting the following supplemental payments be taken out of the E-911 Wireless account to be received on June 30, 2003 by the following. This is a revision to the prior letter that was hand delivered to you on June 6, 2003.

Full-time Dispatcher:

1 month - 1 year service - \$1,000.00
Mark Baggett, Kimberly Epps, Laurie Long

2-5 plus years service - \$2,500.00
Kathleen Jones

2-5 plus years service/Supervisor - \$3,000.00
Thalia Bell

Part-time Dispatcher:

2-5 years plus service - \$1,500.00
Darlene Smith

Sorry for any inconvenience that I may have caused.
Thank You,

B. A. Washington Sr.
B. A. Washington, SR.
Sheriff

TB